## 

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





10/28/22--01026--007 \*\*60.00

## COVER LETTER

TO: Registration Section Division of Corporations					
CLID IE	AGORA N	FT LLC			
SUBJECT: Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		JONATHAN ABRAHAM BEZERRA			
Name of Person					
		AGORA NFT LLC			
Firm/Company					
150 SE 2ND AVE PH3					
Address					
	MIAMI, FL. 33131				
City/State and Zip Code					
		ABRAHAM@AGORASW			
For furth	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notif all:	ication)	
JONATHAN ABRAHAM BEZERRA			305 632-6833		
Name of Person		Area Code Daytime Telephone Number			
Enclosed	is a check for th	ne following amount:			
* \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section			Street Address: Registration Section		
Division of Corporations			Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314				The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303